SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-022445
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5721

FILED JUN 26 1961

DATE AMENDED 7-4-

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ~~St. Louis~~

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis
Length of stay in 1b

c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3522 A Franklin
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Judith Middle Marsh-Cummings Last

4. DATE OF DEATH Month 6 Day 18 Year 61

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-20-22

9. AGE (last birthday) 38

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fairgrounds Cafe

10b. KIND OF BUSINESS OR INDUSTRY Bar-Maid

11. BIRTHPLACE (City and state or country) Missouri, Ironton

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Roberts, Charles

13b. MOTHER'S MAIDEN NAME Morris, Mittie

14. NAME OF HUSBAND OR WIFE Williams Cummings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

17. INFORMANT William Cummings Address 4474 McPherson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hepatic Coma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hepatic Hemorrhage
DUE TO (c) Liver Biopsy 581.1

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Laenec's Cirrhosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 8th 1961, to June 18th and last saw her him alive on June 18th.
Death occurred at 4:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald G. Spalding M.D.

22b. ADDRESS 1325 So. Grand Ave.

22c. DATE SIGNED 6/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-20-1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway

25. DATE REC'D BY LOCAL REG. JUN 19 1961

26. REGISTRAR'S SIGNATURE Karl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. W. Stovesand

Signature of Student Embalmer

Licensed Embalmer No. 4007

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.